

AUTO CR - LOG SUMMARY #1057134

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
It is reported that the involved member responded to a call of a vicious animal. Upon arriving to the scene the dog charged at the involved member and in fear for his life fired one round but missed. The dog ran into a backyard and Animal Control was called. RD [REDACTED]	(None Entered)		

Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee Reporting Party Third Party	CASCONE, JAMES D	560	[REDACTED]	007 /	SERGEANT OF POLICE	M	WHI		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
17-SEP-2012 06 50 - 17-SEP-2012 06 50	[REDACTED]	0711	007	200 - VACANT LOT/LAND	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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Other Involved Parties

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee Involved Member	HENEGHAN JR, JAMES E	5703	[REDACTED]	007 /	POLICE OFFICER	M	WHI		

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

Incident Category List

Incident Category	Primary?	Initial?
20B - GROUP 20 - NOTIFICATIONS SHOTS FIRED - DESTRUCTION OF ANIMAL	Y	Y

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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Investigator History

Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	28-SEP-2012 03:19	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	28-SEP-2012 03:19	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	19-SEP-2012 05:04	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PENDING SUPERVISOR REVIEW	19-SEP-2012 01:36	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	17-SEP-2012 09:52	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	17-SEP-2012 09:44	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	17-SEP-2012 08:41	NUFIO, OSCAR	INVESTIGATOR I COPA	113 /	Please note that the reporting Sgt is to fax the case report to IPRA on today's date.

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					NUFIO, OSCAR	17-SEP-2012 08:41			
	DOCUMENTS - INTAKE INCIDENT		3		N	HAYES, SHANNON	17-SEP-2012 09:45	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1	Drug Test Speciman Affidavit	N	HAYES, SHANNON	17-SEP-2012 09:47	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1		N	HAYES, SHANNON	17-SEP-2012 09:47	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1	Notice of Alcohol and Drug Testing Following a Firearms Discharge Incident	N	HAYES, SHANNON	17-SEP-2012 09:48	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1	Forensic Drug Testing Custody and Control Form	N	HAYES, SHANNON	17-SEP-2012 09:46	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1		N	HAYES, SHANNON	17-SEP-2012 09:44	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		3	PO Heneghan	N	HAYES, SHANNON	17-SEP-2012 09:51	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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FACE SHEET (Notification Date: 17-SEP-2012) - LOG #1057134

TYPE: INFO

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	CASCONE, JAMES D	560		007 /	SERGEANT OF POLICE	M	WHI		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
17-SEP-2012 06:50 - 17-SEP-2012 06:50		0711	007	200 - VACANT LOT/LAND	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
20B - GROUP 20 - NOTIFICATIONS SHOTS FIRED - DESTRUCTION OF ANIMAL	Y

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	17-SEP-2012 20:41	NUFIO, OSCAR	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	28-SEP-2012 03:19	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	28-SEP-2012 03:19	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
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PRELIMINARY	17-SEP-2012 09:52	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
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PRELIMINARY	17-SEP-2012 08:41	NUFIO, OSCAR	INVESTIGATOR I COPA	113 /	Please note that the reporting Sgt is to fax the case report to IPRA on today's date.



OPERATOR
MARAFFIO
WITNESS
DNA
TEST LOCATION
1057134

CHICAGO POLICE DEPARTMENT
ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653
(For use by Chicago Police Department Personnel Only)
CPD-11.388(6/03)-C

RD # [REDACTED]
Case ID: [REDACTED]
EVENT # [REDACTED]

INCIDENT	APPROVAL COMPLETE		
	IUCR: 5080 - Non-Criminal - Other Non-Criminal Persons		
	Occurrence Location: [REDACTED] 330 - Other	Beat: 0711	Unit Assigned: 0744 RO Arrival Date: 17 September 2012 18:50
	Occurrence Date: 17 September 2012 18:50		

VICTIM - Individual	Police Officer	
Name:	HENEGHAN, James E	
Res:	1438 W 63rd St Chicago IL 312 - 747 - 8220	Beat: 0713
Empl:	CHICAGO POLICE DEPARTMENT 1438 W 63rd St Chicago, Illinois Police Officer - Chicago	
Sobriety:	Sober	
CPD Officer:	Yes	
Demographics		
Male White 5'05, 150 lbs Blue Eyes Brown Hair Short Hair Style Light Complexion		
DOB: [REDACTED] Age: 44 Years Birth Place: Illinois		

WITNESS - Individual	Police Officer							
Name:	[REDACTED]							
Res:	[REDACTED] Beat: 0711							
CPD Officer:	No							
Demographics								
Female Black 5'03, 103 lbs Brown Eyes Black Hair Short Hair Style Medium Complexion								
DOB: [REDACTED] Age: 31 Years Birth Place: Illinois								
Identification:								
<table><tr><td>Type</td><td>State</td><td>Number</td></tr><tr><td>State Id</td><td>Illinois</td><td>[REDACTED]</td></tr></table>			Type	State	Number	State Id	Illinois	[REDACTED]
Type	State	Number						
State Id	Illinois	[REDACTED]						

WITNESS - Individual	Police Officer	
Name:	[REDACTED]	
Res:	[REDACTED] Beat: 0511	
CPD Officer:	No	
Demographics		
Female Black 5'02, 155 lbs Brown Eyes Black Hair Medium Hair Style Medium Complexion		
DOB: [REDACTED] Age: 30 Years Birth Place: Illinois DLN: [REDACTED]		

RD # [REDACTED]

Firearm #1		Possessor/User: Heneghan, James E	
Type: Semi-Automatic Pistol			
Make: Smith & Wesson -Us- (Bodyguard,Chief Special)		Model: 3953	Serial # [REDACTED]
Feature: Stainless		Caliber/Gauge: 9 caliber	Barrel Length: 3.5
Displayed? No	Used? Yes	Registered? Yes	Recovered? Yes
Taken/Stolen? No		Duty Related? No	Evidence?
Owner Known? Yes		Owner: [REDACTED]	Phone: 312 - 747 - 8220
			Magazine Capacity: 8
Registered Status: Clear			
# Live Rounds: 8		# Spent Catridges: 1	

NOTIFICATIONS	Request Type		Agency Name		Date		
	Request		Animal Control Center		17 September 18:04		
	Other Notifications May Be In Narrative.						
	On Scene		Animal Control Center	17 September 18:55	301	ALLISON,J	
	Notification		O.E.M.C.	17 September 18:56			
	Notification	116	Deployment Operations Center	17 September 19:05			
	Notification	620	Detective Area - South	17 September 20:14	2118	BECK,	
	Notification		Office Of News Affairs	17 September 20:15	12481	BAETY,	
	On Scene	121	Bureau Of Internal Affairs	17 September 20:35	2563	MARAFINO,	
	Notification		I.P.R.A.	17 September 20:40	142	NUFIO,	

NARRATIVES

EVENT# [REDACTED] IN SUMMARY, R/O'S RESPONDED TO A CALL OF A VICIOUS ANIMAL DISPATCHED BY OEMC. THIS WAS THE SECOND TIME R/O'S RESPONDED TO THIS ADDRESS. [REDACTED] (WITNESS) RELATED TO R/O'S THAT SHE WAS DROPPING HER KIDS OFF TO [REDACTED] (WITNESS) WHEN THEY OBSERVED THE NEIGHBORS THREE PIT BULLS RUNNING TOWARD THEM TO ATTACK FROM THE VACANT LOT NEXT DOOR. SHE RELATED THAT SHE RAN BACK TO HER VEHICLE AND BEGAN BEEPING THE HORN TO DISTRACT THE DOGS SO THE KIDS COULD GET IN THE HOUSE AT WHICH TIME THE DOGS JUMPED THE FENCE BACK INTO THEIR OWN YARD AT [REDACTED] R/O'S OBSERVED ONE GREY/WHITE PIT BULL STILL LOOSE IN THE VACANT LOT. ANIMAL CONTROL NOTIFIED, BUT NO ETA WAS GIVEN. THE PIT BULL TRIED TO ATTACK [REDACTED] (VICTIM), WHO THEN DISCHARGED ONE ROUND FROM HIS FIREARM, MISSING SAID PIT BULL. NO INJURIES OR PROPERTY DAMAGE WAS REPORTED. R/O'S LOOKED FOR SPENT SHELL CASING FOR A PERIOD WITH NEG RESULTS. SEARCH SUSPENDED DUE TO DARKNESS. ANIMAL CONTROL ARRIVED ON SCENE AND REMOVED ONE PITBULL FROM THE PROPERTY, ANIMAL INVENTORY # [REDACTED]. THREE OTHER PIT BULLS SECURED ON SCENE. ANIMAL CONTROL LEFT NOTICE FOR PROPERTY OWNER. IPRA NOTIFIED AND LOG# 1057134 GENERATED.

NOTIFICATION: SERGEANT CASCON Beat#: Star#: 1488 Emp#: Date: 17-SEP-2012 Time: 1858 NOT
NOTIFICATION: WATCH COMMANDER FIDDLER Beat#: Star#: Emp#: Date: 17-SEP-2012 Time: 1900 NOT
- STAR#: 13468 NAME: BEAT: 0744
- STAR#: 1488 NAME: JAMES CASCON BEAT: 0740

Chicago Police Department - Incident Report						RD #: [REDACTED]		
PERSONNEL		Star No	Emp No	Name	User	Date	Unit	Beat
	Reporting Officer	13468	[REDACTED]	KAELIN, Kelli, F	[REDACTED]	17 Sep 2012 21:01	007	0744





FORENSIC DRUG TESTING CUSTODY AND CONTROL FORM

BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, ID No.

B. MRO Name, Address, Phone and Fax No.

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last: _____ First: _____

E. Donor ID Verified:

☒ Photo ID ☐ Emp. Rep.

F. Reason for Test:

☐ Pre-employment (1) ☐ Random (3) ☐ Reasonable Suspicion/Cause (5) ☐ Post-Accident (2) ☐ Promotion (22)
☐ Return to Duty (6) ☐ Follow-up (23) ☒ Other (specify) (99)

G. Drug Tests to be Performed:

H. Collection Site Name:

Address:

Collection Site Code:

City, State and Zip:

Collector Phone No.:

Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☐ Yes ☐ No, Enter Remark

Specimen Collection:

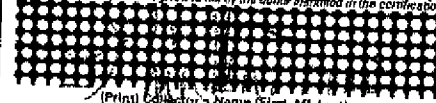
☐ Split ☐ Single ☐ None Provided (Enter Remark) ☐ Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.



Time of Collection: 2:10 AM
Date (Mo./Day/Yr.): 9/17/12

SPECIMEN BOTTLE(S) RELEASED TO:

☒ Quest Diagnostics Courier ☐ FedEx

Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB: X

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Primary Specimen Bottle Seal Intact

☐ Yes ☐ No, Enter Remark

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

X

Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Daytime Phone No. ()

Evening Phone No. ()

Date of Birth

Mo. Day Yr.

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

☒ Photo I. D. by

☐ Employer Representative

Signature of Employer Representative

PART I -

A. On the 11 day of September, 2012 at 2:10 (TIME), James S. Henderson Jr. (PRINT NAME)

removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this same cup, then I delivered this cup containing my urine specimen to [REDACTED]

(PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link between the cap and the base of the vial.

C. Pour a portion of my urine specimen into a vial with the control number printed on it's side.

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial. I then initialed the evidence tape with specimen ID number [REDACTED]

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode label on bag with the number [REDACTED]

A

B

MAIN TEST VIAL - NO. [REDACTED] ALTERNATE TEST VIAL - NO. [REDACTED]

EXAMINEE'S SIGNATURE

STAR/EMP NO.

WITNESS'S SIGNATURE

STAR/EMP NO.

RECEIVING STAFF MEMBER'S SIGNATURE

STAR/EMP NO.

SUPERVISOR'S SIGNATURE

STAR/EMP NO.

PART II -

The urine specimen with the control number _____ was received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

(STAFF MEMBER'S SIGNATURE)

, on

(DATE)

at

(TIME)

(EXAMINEE'S INITIALS)

PART III -

I attest that the sealed urine specimen bag containing specimen ID number _____

was removed from the Random Drug Testing Unit refrigerator by _____

(RDTU MEMBER)

and then delivered to _____

(LAB MEMBER)

, on

(DATE)

at

(TIME)

Specimen received by

(LAB MEMBER'S INITIALS)

(RDTU MEMBER'S SIGNATURE)

STAR/EMP NO.

PROPERTY INVENTORY -
CHICAGO POLICE DEPARTMENT
CPD-34.523 (REV. 10/09)

DATE RECEIVED

17-SEP-2012

PKG
NO.

RD

UNIT

007

INVENTORY NO.

RE-INVENTORY OF

ITEM ID QUANTITY

DESCRIPTION OF PROPERTY

OTHER ANIMAL CONTROL INVENTORY RECEIPT S/N: 393370

MY SIGNATURE HEREON ACKNOWLEDGES
RECEIVING ALL PROPERTY DESCRIBED
IN THIS INVENTORY

RECIPIENT'S SIGNATURE

ADDRESS - STREET

CITY STATE ZIP

DATE RECEIVED

OFFICER'S SIGNATURE - STAR - UNIT

WATCH COMMANDER'S APPROVAL SIGNATURE
(EXEMPT RANK REQUIRED FOR FIREARMS)

COURT ORDER - DISPOSAL INSTRUCTIONS

EVIDENCE & RECOVERED PROPERTY SECTION USE ONLY

Court Date

Court Branch

CURRENCY

IUCR: 5060

STATE CHARGES:

RECOVERED/SEIZED FROM - NAME ANIMAL CONTROL

☐ DECEASED ☐ ARRESTED

OWNER'S NAME KAELEN, KELLI Star: 13468

ADDRESS

CHARGE TYPE

INCHOATE

BEAT OF RECOVERY
711

TELEPHONE NO.

JUDGE

CT. BR.

FOUND BY - NAME KAELEN, KELLI Star: 13468

ADDRESS

TELEPHONE NO.

OFFICER'S SIGNATURE - STAR UNIT

☒ HOLD FOR INVESTIGATION

AND/OR EVIDENCE

(IF NOT NEEDED FOR INVESTIGATION/EVIDENCE, LEAVE BLANK)

INVESTIGATING OFFICER -

KAELEN, KELLI

STAR NO.

13468

UNIT

007

1st OFFICER'S NAME

KAELEN, KELLI

STAR NO.

13468

UNIT

007

SIGNATURE

Electronic Approval

2nd OFFICER'S NAME

HENEGHAN JR, JAMES

STAR NO.

5703

UNIT

007

SIGNATURE

Electronic Approval

STAR NO.

472

DATE
17-SEP-2012

TIME

21:16

INITIAL DESTINATION OF PROPERTY:

ERPS

VIA ☒ POLICE MAIL

☐ RECOVERING UNIT PERSONNEL

☐ E & RPS PICKUP

☐ EVID. LAB TECHNICIAN

APPROVING DESK SERGEANT

FIDLER, BRENT

COPY 1 - KEEP WITH PROPERTY

Printed by: 17-SEP-2012 21:16

To: 3127463592
09/17/12 09:28 PM

Page 7 of 11

From: (None)

CPD 0089754

**NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING
A FIREARMS DISCHARGE INCIDENT****CHICAGO POLICE DEPARTMENT**

TO: Involved Member's Name James Heneghan Title PO
Star No. 5703 Employee No. [REDACTED] Unit 007

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I acknowledge and understand this notice of testing

Print Member's Name <u>JAMES E. HENEGHAN JR.</u>		Involved Member's Signature <u>[Signature]</u> # <u>5703</u>		Date and Time <u>17 SEP 12 / 2013</u>
Type of Test: Alcohol	Location: <u>007th Dist</u>		Date and Time:	
Type of Test: Drug	Location: <u>007th Dist</u>		Date and Time:	

I have provided notice to the involved member and conducted the alcohol and drug testing as indicated.

B.I.A. Supervisor's Name <u>J. MARAFFINO</u>	B.I.A. Supervisor's Signature <u>[Signature]</u>	Date and Time
-------------------------------------------------	-----------------------------------------------------	---------------

CPD-44.252 (REV. 11/11)

DISTRIBUTION ORIGINAL - TO B.I.A. SUPERVISOR, COPY - TO INVOLVED MEMBER.

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1 DATE OF INCIDENT 17-SEP-2012		TIME 18:50:00		2 ADDRESS OF OCCURRENCE [REDACTED]				3 LOCATION CODE 200		4 BEAT/OCCUR 0711							
	5 POSITION 9161		6 LAST NAME HENEGHAN JR		7 FIRST NAME JAMES E		8 STAR NO 5703		9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10 RACE CODE WHI		11 AGE [REDACTED]		12 HT 505		13 WT 155	
	14 DATE OF APPT 05-MAY-1997		15 EMPLOYEE NO [REDACTED]		16 UNIT & BEAT OF ASSIGNMENT 007 0744		17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18 MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19 MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No							
	20 LAST NAME		21 FIRST NAME		22 M I		23 SEX <input type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24 RACE		25 D O B		26 HT		27 WT			
SUBJECT INFORMATION	28 ADDRESS		29 TELEPHONE NO		30 WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				31 SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32 SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No							
	33 WHERE WAS MEDICAL TREATMENT OBTAINED?				34 BY WHOM?		35 CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid											
	36 CHARGES PLACED <input checked="" type="checkbox"/> DNA								37 CB NO		IR NO		<input checked="" type="checkbox"/> DNA					
REASON FOR USE OF FORCE (Check all that apply)																		
	38 <input checked="" type="checkbox"/> DNA																	
SUBJECT'S ACTIONS	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT ASSAULT		ASSAILANT BATTERY		ASSAILANT DEADLY FORCE									
	DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____									
MEMBER'S RESPONSE	MEMBER PRESENCE <input type="checkbox"/> VERBAL COMMANDS <input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		FIREARM <input type="checkbox"/> OTHER _____									
WEAPON DISCHARGE INCIDENT	39 <input type="checkbox"/> DNA																	
	40 ADDITIONAL INFORMATION OFFICER FIRED HIS SERVICE FIREARM, ONE TIME, AT AN ATTACKING PITBULL, MISSING THE DOG. NO INJURIES OR PROPERTY DAMAGE WERE REPORTED. ALL NOTIFICATIONS MADE.																	
	POSITION		STAR NO		UNIT													
	41 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		44 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER <input type="checkbox"/>		42 INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43 LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44 WEATHER CONDITIONS CLEAR									
45 MAKE/MANUFACTURER SMITH & WESSON -US- (BODYGUARD, CHIEF SPECIAL)		46 MODEL 3953		47 BARREL LENGTH 035		48 CALIBER/GAUGE 9 MM												
49 TASER DART ID NO		50 WEAPON SERIAL No (Include Letters)		51 CHICAGO GUN REG NO		52 IL FIREARM OWNER ID NO		53 HANDGUN CERTIFICATE NO										
54 SPECIAL WEAPON CERTIFICATE NO		55 PROPERTY INVENTORY NO DNA		56 TYPE OF AMMUNITION USED Department Issued		57 NO OF WEAPONS DISCHARGED BY THIS MEMBER 1		58 TOTAL NO OF SHOTS MEMBER FIRED 1										
59 WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		61 NO OF CATDRIDGES/ SHOT SHELLS RELOADED 0		62 HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)												
63 HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD DNA		65 DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO														
66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) DNA				67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input checked="" type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT														
68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input checked="" type="checkbox"/> 04 UNKNOWN				69 POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)														
CASE INFO.	72																	
	NOTIFICATIONS (OC OR TASER INCIDENT) <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W C /DIST OF OCCUR NOTIFICATIONS (FIREARM INCIDENT) <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W C /DIST OF OCCUR <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET DIV Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report																	
SIGNATURES	73 REPORTING MEMBER (Print Name) HENEGHAN JR, JAMES E 17-SEP-2012 20:16:09 STAR/EMPLOYEE NO 5703 SIGNATURE [REDACTED]																	
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below																	
74 REVIEWING SUPERVISOR (Print Name) CASCONI, JAMES D		STAR NO 1488		SIGNATURE [REDACTED]		DATE REVIEWED 17-SEP-2012 20:16:49		TIME 17-SEP-2012 20:16:49										

WEAPON DISCHARGE INCIDENT	39 <input type="checkbox"/> DNA		41 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER <input type="checkbox"/> 07 OTHER		42 INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43 LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial <input checked="" type="checkbox"/> 01 Daylight		44 WEATHER CONDITIONS CLEAR	
			45 MAKE/MANUFACTURER SMITH & WESSON -US- (BODYGUARD,CHIEF SPECIAL)		46 MODEL 3953		47 BARREL LENGTH 035		48 CALIBER/GAUGE 9 MM	
	49 TASER DART ID NO		50 WEAPON SERIAL No. (Include Letters)		51 CHICAGO GUN REG NO		52 IL FIREARM OWNER ID NO		53 HANDGUN CERTIFICATE NO	
	54 SPECIAL WEAPON CERTIFICATE NO		55 PROPERTY INVENTORY NO DNA		56 TYPE OF AMMUNITION USED Department Issued		57 NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		58 TOTAL NO. OF SHOTS MEMBER FIRED 1	
	59 WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		61 NO OF CATDRIDGES/ SHOT SHELLS RELOADED 0		62 HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		70 EVENT NO	
	63 HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD DNA		65 DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO					
66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) DNA		67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input checked="" type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT								
68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input checked="" type="checkbox"/> 04 UNKNOWN		69 POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)								

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☒ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

The offender was a dog!

76 WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The officer was trying to protect himself from an animal attack

77 WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO _____ OBTAINED

78 WATCH COMMANDER/OCIC (Print Name)

FIDLER, BRENT S

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

17-SEP-2012 20:20:24

79 DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF

☐ SUPPLEMENTARY REPORT

☐ I O D REPORT

80 TOTAL TRR's THIS EVENT No

☐ CASE REPORT

☐ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

1

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)